



SITE PLAN APPLICATION FINAL DEVELOPMENT PLAN APPLICATION

File No.: _____

Date: _____

Fee: _____

Incomplete Applications May Not Be Accepted
Process May Be Delayed Pending Submittal of Required Information and Fees

Applicant: _____

Project Name: _____

Site Address: _____ **Property/Parcel ID #:** _____

CONTACT PERSON/AGENT	OWNER OF RECORD
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE:	TELEPHONE:
FAX:	FAX:
E-MAIL:	E-MAIL:

ENGINEER/SURVEYOR/ARCHITECT	DEVELOPER
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE:	TELEPHONE:
FAX:	FAX:
E-MAIL:	E-MAIL:

Recorded Plat Name of property: _____

Zoning District: _____

Acreage: _____

Existing Building Square Footage: _____

New/Additional Building Square Footage: _____

Total Proposed Building Square Footage: _____

Current Use of Property: _____

Proposed Use of Property: _____

(Applicant/Authorized Agent Signature)